

Balneotherapy for Children.—O. HEUBNER (*Berliner klinische Wochenschrift*, 1905, Bd. xlii. S. 489 and 543) calls attention to the fact that balneotherapy is not employed very extensively for children and that the chief interest in the cases of children is concentrated on salt baths. A series of personal experiments concerning their action on infantile metabolism has taught him that the nitrogen excretion is increased by them, and that therefore they should not be considered such an indifferent procedure. He warns against their too frequent use in the cases of pale and thin children, also in such as are afflicted with gastric and intestinal disturbances. A constant supervision of the patient's weight during such a course of treatment is necessary. Sea baths should be considered as highly potential salt baths and their indications regulated accordingly. Carbonated salt baths are very useful in children afflicted with cardiac diseases, just as they are in adults. In diseases of the lymphatic system the best results may be expected from moor baths and mud baths. In cutaneous diseases, particularly in eczema, sulphur baths should be employed more than they are. Children afflicted with spastic palsies should go to hot baths; he has seen remarkable results from them. In most other organic and functional nervous diseases he recommends salt baths.

OBSTETRICS.

UNDER THE CHARGE OF

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The Examination of Colostrum.—WEDERHAKE (*Monatsschrift für Geburtshülfe und Gynäkologie*, 1905, Bd. xxii., Heft 5) contributes a paper upon this subject, and states his method of examination of colostrum and its results. In three cases he found amyloid corpuscles in the colostrum. He believes that these were hyaline protoplasm, the product of amyloid degeneration in the nuclei of leukocytes, probably derived from the epithelium of the mammary glands. He could not decide whether these bodies are found in all cases, whether they are present in the fully formed milk, whether their formation is accompanied by fever, or whether they are present in the colostrum found in the breasts of newborn infants. From their investigations he believes that the retained secretion of any gland may undergo amyloid degeneration.

The Physiology of Uterine Contractions.—KURDINOWSKY (*Archiv für Gynäkologie*, 1905, Bd. lxxvi., Heft 2) has made extensive observations upon the contractile functions of the uterine muscle, and has arrived essentially at the following conclusions: The most constant and vigorous stimuli to uterine contraction are thermic; especially efficient are relatively sudden changes of temperature. Thermic stimuli in their

various forms produce practically the same effect, namely, strong contractions of the uterine muscle becoming tetanic; moist heat is much more vigorous as a stimulus than dry. Cold is more energetic as a stimulus to uterine contraction than heat. Uterine contractions are sharper and more tetanic in character under this influence, and tetanus of the uterus is more common after stimulation by cold than by heat. Increase in the temperature of the blood increases the contractile vigor of the uterine muscle.

In the same journal the same author gives the results of experiments to determine the influence of asphyxia and anæmia upon uterine contraction. He finds that asphyxia greatly lessens the reflex and contractile excitability of the uterine muscle. In experiments upon animals it was found that the intestines contracted vigorously under conditions when the uterine muscle remained absolutely immovable. In experiments upon animals, where an animal had been asphyxiated apparently for seventeen minutes, and then revived, the uterus became almost black in color, but did not manifest a single contraction.

A similar result is found in anæmia. When pregnant animals were deprived of a large portion of the blood the uterus failed to respond to stimulus. No evidence was found that a relationship existed between the degree of blood pressure and the strength of uterine contractions in the same individual.

The Treatment of Cases of Labor Complicated by Unusual Size of the Fetal Head.—SELLHEIM (*Zentralblatt für Gynäkologie*, 1905, No. 35) reports the case of a patient in her eighth labor who had been delivered spontaneously in the preceding seven. As engagement failed preparations were made to perform hebotomy. During these preparations the uterus ruptured and laparotomy was at once performed. A dead child with placenta and blood clot was removed from the abdomen. The uterus was removed and the patient recovered. The child was 57 cm. long, its occipitofrontal circumference measuring 36 cm. On the posterior parietal bone there was an evident depression caused by pressure.

The patient had been twice married, her first husband being a man of not unusual development; the second husband was unusually well developed, having a large and remarkably developed cranium.

The Treatment of Labor Complicated by Extreme Hypertrophy of the Cervix.—HAAN (*Zentralblatt für Gynäkologie*, 1905, Bd. xxxv.) reports the case of a patient who had suffered during pregnancy from prolapse of the extremely hypertrophied cervix. The pregnancy was in the tenth month, the pelvis slightly contracted, and the child in the second position vertex presentation. When labor occurred dilatation was exceedingly slow. It was finally necessary, under chloroform, to split the cervix with large scissors and to extract the child by forceps. A second child was born during the twelve hours following. After the delivery of the placenta the cervix was sutured, the patient making a good recovery. Two months later she returned to the hospital for amputation of the cervix.

Scopolamine-morphine during Labor—GAUSS (*Zentralblatt für Gynäkologie*, 1902, No. 42) reports the use of scopolamine-morphine in 300